

# Washington Metropolitan Area Transit Commission

## 2016 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

JAN 11 2016

### 1. CARRIER INFORMATION:

1926	Corporate Car Worldwide Incorporated			
<b>*WMATC No.   *Name of Carrier (as shown on certificate of authority)</b>				
5622 Columbia Pike, #107		Falls Church	VA	22041-2718
<b>*Street Address of Principal Place of Business</b>	<b>Apt./Suite</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Mailing Address (if different from street address)	Apt./Suite	City	State	Zip
(703) 933-1000	(703) 906-3950	(703) 439-2528	info@corporatecarworldwide.com	
<b>*Telephone</b>	<b>Other Telephone</b>	<b>Fax</b>	<b>E-mail</b>	

### 2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

2308686		860	
<b>USDOT No.</b>	<b>DCTC No.</b>	<b>Virginia DMV passenger carrier No.</b>	<b>Maryland PSC No.</b>

### 3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Abdulkadir A. Ismail	Manager		
<b>*Name</b>	<b>*Title</b>		
(703) 933-1000	(703) 906-3950	(703) 439-2528	info@corporatecarworldwide.com
<b>*Telephone</b>	<b>Other Telephone</b>	<b>Fax</b>	<b>E-mail</b>

### 4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

\*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see [www.wmatc.gov](http://www.wmatc.gov).

Name of Registered Agent for Service of Process	Telephone	E-mail		
Agent Address (must be inside Metropolitan District)	Apt./Suite	City	State	Zip

5. **\*CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

6. **\*LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include **all** required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
1	XTS 2016	Cadillac	2G61U5S31G9112256	70285N	VA	4	NO
2	Escalade 2015	Cadillac	1GY54R4J7FR575282	HAA 1656	VA	7	NO
3	XTS 2014	Cadillac	2G61U5S30E9263991	371 HAE	VA	4	NO
4	XTS 2014	Cadillac	2G61U5S3XE9255316	374 HAE	VA	4	NO
5	Sprinter 2014	Mercedes	WDZPE8DC5E5898432	294 HAE	VA	12	NO
6	Town Car 2010	Lincoln	2LNBL8EV9AX752801	H521533	VA	4	NO
7	Suburban 2008	Chevy	3GNFK16388G104472	H524407	VA	7	NO

7. **\*CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Stan A. Ismail  
\*Name (type or print)

Manager  
\*Title (not required for sole proprietors)

[Signature]  
\*Signature

01/07/2016  
\*Date